

**SOUTH DAKOTA FINANCING STATEMENT – UCC 1
APPROVED LIVESTOCK FORM**

Secretary of State
500 E. Capitol • Pierre, SD 57501-5070 • 605-773-4422

Fee \$ _____

Account # _____

PLEASE TYPE THE INFORMATION ON THIS FORM ACCORDING TO ALL INSTRUCTIONS PRINTED ON THE BACK OF THE UCC 1 FORM

NOTE: Type smaller than 8 point is not acceptable. This is an example of 8 point type.

1. LIVESTOCK OWNER NAME AND ADDRESS insert only one livestock owner name (1a or 1b)

or	1a. ORGANIZATION'S NAME				
	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

2. ☐ ADDITIONAL LIVESTOCK OWNER or ☐ ASSIGNEE OF LIVESTOCK OWNER NAME AND ADDRESS insert only one name (2a or 2b)

or	2a. ORGANIZATION'S NAME				
	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

3. CARETAKER'S EXACT FULL LEGAL NAME – insert only one caretaker (3a or 3b) – do not abbreviate or combine names.

or	3a. ORGANIZATION'S NAME				
	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

3d. TAX ID # SSN OR EIN	ADD'S INFO RE ORGANIZATION CARETAKER	3e. TYPE OF ORGANIZATION	3f. JURSDICTION OF ORGANIZATION	3g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE
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4. ADDITIONAL CARETAKER'S EXACT FULL LEGAL NAME – insert only one caretaker name (4a or 4b) – do not abbreviate or combine names.

or	4a. ORGANIZATION'S NAME				
	4b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
4c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

4d. TAX ID # SSN OR EIN	ADD'S INFO RE ORGANIZATION CARETAKER	4e. TYPE OF ORGANIZATION	4f. JURSDICTION OF ORGANIZATION	4g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE
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5. This Financing Statement covers the following types (or items) of property: If collateral is goods which are or are to become fixtures, the below goods are affixed or to be affixed to:

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Check (X) if covered: ☐ PROCEEDS of collateral are also covered. ☐ PRODUCTS of collateral are also covered.

Use the following spaces only for Farm Products requiring EFFECTIVE FINANCING STATEMENT (EFS)

FARM CODE (s) and PRODUCT(s)	YEAR	QUANTITY	COUNTY CODE	LOCATION IN COUNTY OR FURTHER DESCRIPTION

Pay proceeds to Caretaker and Livestock Owner unless otherwise checked: ☐ Livestock Owner only ☐ Caretaker only

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Signature(s) of Caretaker(s)

Signature of Livestock Owner

Check to REQUEST SEARCH REPORT(S) on Caretaker(s)	<input type="checkbox"/> All Caretakers	<input type="checkbox"/> Caretaker 1	<input type="checkbox"/> Caretaker 2
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Number of Additional Sheets, if any: